

**MAR 04 2008****MORRISON | FOERSTER**755 PAGE MILL ROAD  
PALO ALTO  
CALIFORNIA 94304-1018TELEPHONE: 650.813.5600  
FACSIMILE: 650.494.0792

WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.  
DENVER, NORTHERN VIRGINIA,  
ORANGE COUNTY, SACRAMENTO,  
WALNUT CREEK, CENTURY CITY  
TOKYO, LONDON, BEIJING,  
SHANGHAI, HONG KONG,  
SINGAPORE, BRUSSELS**To:**

NAME:	FACSIMILE:	TELEPHONE:
Centralized Facsimile Center US Patent and Trademark Office	571-273-8300	

**FROM:** Lindsay Seydel**DATE:** March 4, 2008

Number of pages with cover page:	<b>3</b>	<b><i>Originals Will Not Follow</i></b>
-------------------------------------	----------	---

Preparer of this slip has confirmed that facsimile number given is correct: **11641/LDS****Comments:**

**Atty Docket No: 18812-20020.00**  
**Application Serial No.: 10/713,753**  
**Filed: November 13, 2003**  
**Patent No: 7,269,541**  
**Issued: September 11, 2007**  
**Inventors: Bruce W. MCGAUGHY et al.**  
**Art Unit: 2123**  
**Examiner: L. Pierre**  
**Title: SYSTEM AND METHOD FOR SUPPORTING MULTI-RATE SIMULATION OF A**  
**CIRCUIT HAVING HIERARCHICAL DATA STRUCTURE**  
**Enclosed are the following documents:**  
**1. Transmittal – 1 page**  
**2. Request for Withdrawal as Attorney or Agent and Change of**  
**Correspondence Address – 1 page**

**#3**

\*\*\*\*\*  
 To ensure compliance with requirements imposed by the United States Internal Revenue Service, Morrison & Foerster LLP informs you that, if any advice concerning one or more U.S. Federal tax issues is contained in this facsimile (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.  
 \*\*\*\*\*

**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee); you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail

**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL  
 LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE.**

PA-1231778

MAR 04 2008

PTO/SB/21 (11-07)

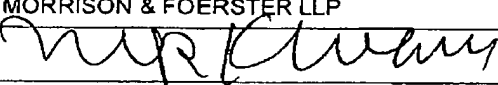
Approved for use through 11/30/2007. OMB 0651-0031


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	Patent#: 7,269,541
		Filing Date	Issued: September 11, 2007
		First Named Inventor	Bruce W. MCGAUGHY
		Art Unit	2123
		Examiner Name	L. Pierre
Total Number of Pages In This Submission	2	Attorney Docket Number	188122002000

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Norman R. Klivans		
Date	February 13, 2008	Reg. No.	33,003

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140	
Dated: February 13, 2008	Signature:  (Lindsay Seydel)

pa-1231807

**RECEIVED**  
**CENTRAL FAX CENTER**

**MAR 04 2008**

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/713,753
	Filing Date	November 13, 2003
	First Named Inventor	Bruce W. MCGAUGHY
	Art Unit	2123
	Examiner Name	L. Pierre
	Attorney Docket Number	188122002000

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

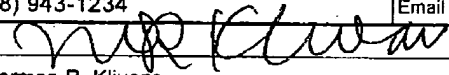
Client requested transfer

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
 2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lissa Oros Cadence Design Systems, Inc.		
Address	2655 Seely Avenue, Building 5		
City	San Jose	State	CA
Country	U.S.A.		
Telephone	(408) 943-1234	Email	loros@cadence.com
Signature			
Name	Norman R. Klivans	Registration No.	33,003
Date	February 13, 2008	Telephone No.	(650) 813-5850

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300)  
to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140

Dated: February 13, 2008

Signature: 

pa-1231808